

Registration District No. **1791**

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Isolation Hospital-5600 Arsenal
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 days
(Specify whether
In this community Yes
years, months or days)

3. (a) PRINT FULL NAME Patsye Richardson

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 30 1925
(Month) (Day) (Year)

8. AGE: Years 16 Months 4 Days 13 If less than one day
_____ hr. _____ min.

9. Birthplace Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Schoolgirl

11. Industry or business _____

12. Name Lucian H. Richardson

13. Birthplace Salsbury, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Reina Noble

15. Birthplace Holden, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Edith V. Minor

(b) Address 5600 Arsenal

17. (a) Shipping (b) Date thereof 11-41
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holden Mo

18. (a) Signature of funeral director Holden

(b) Address Holden Mo

19. (a) No (b) J. M. Bradeck
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3467 Gasconade- Apt 3 East
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 13,
year 1941 hour 3: minute 10 P. M.

21. I hereby certify that I attended the deceased from Oct. 27, 1941
to Nov. 13, 1941
that I last saw her alive on Nov. 13, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Subacute peritonitis and meningitis Duration 4 wks.

Due to Primary probably lung

Due to _____

Other conditions 15 ft 23
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy TB peritonitis, pericarditis

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury 1

23. Signature Loren T. Blaney (M. D. or other) MD

Address 5600 Arsenal Date signed 11-14

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed John Ketter

Licensed Embalmer No. 3880

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.